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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	<b>09/743,825</b>		
	<b>Filing Date</b>	<b>January 15, 2002</b>	
	<b>First Named Inventor</b>	<b>Rodrigo F. CHAQUI</b>	
	<b>Group Art Unit</b>	<b>1642</b>	
	<b>Examiner Name</b>	<b>Minh-Tam DAVIS</b>	
<b>Total Number of Pages in This Submission</b>	<b>5</b>	<b>Attorney Docket Number</b>	<b>31978-202420</b>

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>Fee Transmittal Form (No Fee)</b>	<input type="checkbox"/> <b>Assignment Papers</b> (for an Application)	<input type="checkbox"/> <b>After Allowance Communication to Group</b>
<input type="checkbox"/> <b>Fee Attached</b>	<input type="checkbox"/> <b>Drawing(s)</b>	<input type="checkbox"/> <b>Appeal Communication to Board of Appeals and Interferences</b>
<input type="checkbox"/> <b>Amendment / Response</b>	<input type="checkbox"/> <b>Licensing-related Papers</b>	<input type="checkbox"/> <b>Appeal Communication to Group</b> (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <b>After Final</b>	<input type="checkbox"/> <b>Petition</b>	<input type="checkbox"/> <b>Proprietary Information</b>
<input type="checkbox"/> <b>Affidavits/declaration(s)</b>	<input type="checkbox"/> <b>Petition to Convert to a Provisional Application</b>	<input checked="" type="checkbox"/> <b>Submission of Assignee Consent to Correct Inventorship; Assignee Consent Under 37 C.F.R. § 1.48(d)</b>
<input type="checkbox"/> <b>Extension of Time Request</b>	<input type="checkbox"/> <b>Power of Attorney, Revocation Change of Correspondence Address</b>	<input type="checkbox"/> <b>Other Enclosure(s)</b> (please identify below):
<input type="checkbox"/> <b>Express Abandonment Request</b>	<input type="checkbox"/> <b>Terminal Disclaimer</b>	
<input type="checkbox"/> <b>Information Disclosure Statement</b>	<input type="checkbox"/> <b>Request for Refund</b>	
<input type="checkbox"/> <b>Certified Copy of Priority Document(s)</b>	<input type="checkbox"/> <b>CD, Number of CD(s) _____</b>	
<input type="checkbox"/> <b>Response to Missing Parts/ Incomplete Application</b>	<b>Remarks</b>	
<input type="checkbox"/> <b>Response to Missing Parts Under 37 CFR 1.52 or 1.53</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	<b>Nancy J. Axelrod, Ph.D.</b> <b>Patent Agent</b> <b>Reg. No. 44,014</b>	<b>26694</b> PATENT TRADEMARK OFFICE
<b>Signature</b>	<i>Nancy Axelrod</i>	
<b>Date</b>	<b>May 26, 2006</b>	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date: \_\_\_\_\_

<b>Typed or printed name</b>			
<b>Signature</b>		<b>Date</b>	

**VENABLE**  
ATTORNEYS AT LAW

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, 22313-1450.  
#755203



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	09/743,825
		Filing Date	January 15, 2002
		First Named Inventor	Rodrigo F. CHAQUI
		Examiner Name	Minh-Tam DAVIS
		Art Unit	1642
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	31978-202420	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>- 0 -</b>	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify)	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<u>Small Entity</u>	
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
- 20 =		x	=		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 3 =		x	=				
HP = highest number of total claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/50	(round up to a whole number) x	=				
<b>4. OTHER FEE(S)</b>							
<b>Fees Paid (\$)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>			
Signature	<i>Nancy Axelrod</i>	Registration No. (Attorney/Agent)	44,014
Name (Print/Type)	Nancy J. Axelrod, Ph.D. - Patent Agent	Telephone	(202) 344-4000
		Date	May 26, 2006

#755200



1 Fee

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Rodrigo F. CHAQUI *et al.*

Application No.: 09/743,825

Filed: January 15, 2002

For: PB39, A GENE DYSREGULATED IN  
PROSTATE CANCER, AND USES  
THEREOF

Confirmation No.: 8611

Art Unit: 1642

Examiner: Minh-Tam DAVIS

Atty. Docket No. 31978-202420

Customer No.:  
26694  
PATENT TRADEMARK OFFICE

**SUBMISSION OF ASSIGNEE CONSENT TO CORRECT INVENTORSHIP**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Pursuant to counsel's recent telephone conversations with Examiner Davis, Applicants herewith submit an Assignee Consent Under 37 C.F.R. § 1.48(d) to the Request to Correct Inventorship (adding Michael R. Emmert-Buck as an inventor) that was filed with the Patent and Trademark Office on November 9, 2004.

Respectfully submitted,

Date: May 26, 2006

Nancy J. Axelrod, Ph.D.

Patent Agent

Registration No. 44,014

VENABLE, LLP

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Washington, D.C. 20043-9998

Telephone: (202) 344-4000

Telefax : (202) 344-8300



Docket No.: 31978-202420  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Chuaqui et al.

Application No.: 09/743825

Confirmation No.: 8611

Filed: January 15, 2002

Art Unit: 1642

For: PB39, A GENE DYSREGULATED IN  
PROSTATE CANCER, AND USES  
THEREOF

Examiner: M. T. B. Davis

USPTO Customer No.: **45323**

**ASSIGNEE CONSENT UNDER 37 C.F.R. § 1.48(d)**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

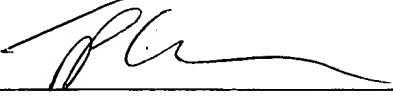
Dear Sir:

The Government of the United States of America, as represented by the Secretary, Health and Human Services, National Institutes of Health, Office of Technology Transfer, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852-3804, is the assignee of this application. The original inventors executed an Assignment on 01/12/2004, 02/03/2004 and 01/13/2004. The executed Assignment was submitted with a Recordation Form coversheet on 02/03/2004. The

undersigned hereby consents to the Request to Correct Inventorship, which was submitted on 11/09/2004, adding Michael R. Emmert-Buck as an additional inventor.

Respectfully submitted

Date: May 25, 2006

 Reg. No. 46,629

The Government of the United States of America, as  
represented by the Secretary, Health and Human  
Services

National Institutes of Health  
Office of Technology Transfer  
6011 Executive Boulevard, Suite 325  
Rockville, MD 20852-3804

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